

**TVSEF Vertebrate Animal Form for a Regulated Research Institution  
(TVSEF-5B)**

**Required for all research involving vertebrate animals conducted in a Regulated Research Institution.**

**SRC AND Institutional Animal Care and Use Committee (IACUC) approval required prior to experimentation.**

**Student's Name** \_\_\_\_\_

**Title of Project** \_\_\_\_\_

**Title and Protocol Number of the IACUC Approved Project** \_\_\_\_\_

**To be completed by Qualified Scientist or Principal Investigator:**

1. Was this a student-generated idea or was it a subset of your work? \_\_\_\_\_

\_\_\_\_\_

2. Were you made aware of the TVSEF Rules before the student began experimentation? ☐ Yes ☐ No

3. What laboratory training, including dates, was provided to the student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Species of animals used: \_\_\_\_\_ Number of animals used: \_\_\_\_\_

5. USDA Pain Category designated for this study: \_\_\_\_\_

6. Describe, in detail, the role of the student in this project: procedures and equipment they were involved with, oversight provided and safety precautions employed. (Attach extra pages if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Attach a copy of the Regulated Research Institution IACUC Approval.** A letter from the Qualified Scientist or Principal Investigator is not sufficient.

**Certification or Documentation of Student Researcher Training**

\_\_\_\_\_

List Certificate Number or Attach Documentation

\_\_\_\_\_

Date(s) of Training

\_\_\_\_\_

Qualified Scientist/Principal Investigator Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

IACUC Chair/Coordinator Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date